

DATE	

REFERENCE TO OTHER

298970

APPL # 298970
 I.D. # 103609
 PACESETTER INC, A ST JUDE MEDICAL CO
 15900 VALLEY VIEW CT
 SYLMAR
 AFTERBURNER, CATALYTIC
 P/O
 DATE: 12/06/94



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
21865 East Copley Drive, Diamond Bar, CA 91765

PERMIT TO OPERATE

Permit No.
D87020
A/N 298970
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This initial permit shall be renewed ANNUALLY unless the equipment is moved, or changes ownership. If the billing for annual renewal fee (Rule 301 D) is not received by the expiration date, contact the District.

Legal Owner

ID 103609

Or Operator: PACESETTER INC., A ST JUDE MEDICAL CO
ATTN C.K. STODDARD, FACILITY ENGINEER
15900 VALLEY VIEW COURT
P.O. BOX 9221
SYLMAR, CA 91392-9221

Equipment

located at: SAME AS ABOVE

Equipment Description:

AIR POLLUTION CONTROL SYSTEM CONSISTING OF:

1. CATALYTIC OXIDIZER/ABATOR, DONALDSON, 7' W. X 5' H. X 21' L., WITH A 80 KW PREHEATER, A HEAT EXCHANGER, A PREFILTER, AND FOUR DCI SURE-SORBER CATALYTIC FILTERS.
2. EXHAUST SYSTEM WITH A 1000 SCFM CENTRIFUGAL AIR BLOWER VENTING TWO ETHYLENE OXIDE STERILIZING SYSTEMS.

Conditions:

1. OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN COMPLIANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
2. THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
3. ONLY ONE STERILIZER MAY VENT ITS PRIMARY ETHYLENE OXIDE EXHAUST TO THE CATALYTIC OXIDIZER/ABATOR AT ANY ONE TIME.
4. THE TEMPERATURE OF THE EXHAUST FROM THE CATALYST BED SHALL BE MAINTAINED BETWEEN 300°F AND 500°F AS INDICATED BY A PROPER TEMPERATURE GAUGE.
5. RECORDS SHALL BE MAINTAINED TO PROVE COMPLIANCE WITH CONDITION NO. 4. THE RECORDS SHALL BE MADE AVAILABLE TO THE DISTRICT UPON REQUEST.

FILE COPY



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
21865 East Copley Drive, Diamond Bar, CA 91765

PERMIT TO OPERATE

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CONTINUATION OF PERMIT TO OPERATE

NOTICE

IN ACCORDANCE WITH RULE 206, THIS PERMIT TO OPERATE OR COPY SHALL BE POSTED ON OR WITHIN 8 METERS OF THE EQUIPMENT.

THIS PERMIT DOES NOT AUTHORIZE THE EMISSION OF AIR CONTAMINANTS IN EXCESS OF THOSE ALLOWED BY DIVISION 26 OF THE HEALTH AND SAFETY CODE OF THE STATE OF CALIFORNIA OR THE RULES OF THE AIR QUALITY MANAGEMENT DISTRICT. THIS PERMIT CANNOT BE CONSIDERED AS PERMISSION TO VIOLATE EXISTING LAWS, ORDINANCES, REGULATIONS OR STATUTES OF OTHER GOVERNMENT AGENCIES.

EXECUTIVE OFFICER

Dorris M. Bailey

By Dorris M. Bailey/nd
12/09/94

FILE COPY



APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE
SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
P.O. BOX 4944
Diamond Bar, California 91765-0944

FORM 400A

COMPANY INFORMATION

NC/NOV NUMBER	
INSPECTOR	SECTOR
ISSUE DATE	

LEGAL NAME OF APPLICANT PACSETTER, INC. A ST. JUDE MEDICAL COMPANY		<input checked="" type="checkbox"/> IRS OR <input type="checkbox"/> S.S. NUMBER 411787936										
PERMIT TO BE ISSUED TO: (SEE INSTRUCTIONS) PACSETTER, INC												
BUSINESS MAILING ADDRESS 15900 VALLEY VIEW COURT, P.O. BOX 9221, SYLMAR, CA. 91392-9221												
TYPE OF ORGANIZATION <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> GOVERNMENT ENTITY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER												
ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	AVERAGE ANNUAL GROSS RECEIPTS: 300 MIL NUMBER OF EMPLOYEES: 950	IS YOUR BUSINESS 51 PERCENT OR MORE WOMAN/ MINORITY OWNED? (OPTIONAL) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
ARE ALL FACILITIES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH FEDERAL, STATE AND LOCAL AIR POLLUTION CONTROL RULES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO												
ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> IRS OR <input type="checkbox"/> S.S. NUMBER OF THE OWNER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
IF NO, ENTER LEGAL NAME OF OWNER												

FACILITY INFORMATION

EQUIPMENT ADDRESS/LOCATION 15900 VALLEY VIEW COURT NUMBER / STREET SYLMAR CA 91392-9221 CITY OR COMMUNITY ZIP CODE		FACILITY NAME PACSETTER, INC FACILITY ID NUMBER (SEE INSTRUCTIONS) 005005 12/7/94 103609
CONTACT PERSON AND TITLE C.K. STODDARD FACILITY ENG.	CONTACT TELEPHONE NUMBER 818 362-6822	NUMBER OF EMPLOYEES AT THIS FACILITY: 950
TYPE OF BUSINESS AT THIS FACILITY MANUFACTURE CARDIAC PACEMAKERS	BUSINESS TYPE CODE (SEE INSTRUCTIONS) 3045	IS THERE A SCHOOL WITHIN 1,000 FEET OF YOUR PROPERTY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION (SEE INSTRUCTIONS) AIR POLLUTION CONTROL SYSTEM (CATALYTIC OXIDIZER/ABATOR WITH EXHAUST SYS.)		
APPLICATION FOR: (SEE INSTRUCTIONS) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> EXISTING EQUIPMENT OPERATING WITHOUT PERMIT <input checked="" type="checkbox"/> CHANGE OF PERMITTEE <input type="checkbox"/> CHANGE OF PERMIT CONDITION <input type="checkbox"/> EXISTING EQUIPMENT WITH EXPIRED PERMIT		ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HAVE YOU BEEN ISSUED A NOTICE TO COMPLY (NC) OR A NOTICE OF VIOLATION (NOV) FOR THIS EQUIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NUMBER OF EMPLOYEES NEEDED TO OPERATE THIS EQUIPMENT: 2
NC NUMBER:	NOV NUMBER:	NOTICE ISSUE DATE:
IF THE EQUIPMENT HAS A PREVIOUS WRITTEN PERMIT, STATE NAME OF PERMITTEE: SIEMENS PACSETTER, INC		PREVIOUS PERMIT NUMBER: 247256
FOR NEW CONSTRUCTION OR MODIFICATION, ENTER ESTIMATED COST OF: BASIC EQUIPMENT \$		AIR POLLUTION CONTROL EQUIPMENT \$
FOR NEW CONSTRUCTION OR MODIFICATION, ENTER ESTIMATED START DATE:		ESTIMATED COMPLETION DATE:
FOR CHANGE OF PERMITTEE, LOCATION OR CONDITION, ENTER DATE OF OCCURRENCE: 10/1/94		FOR EXISTING EQUIPMENT IN OPERATION WITHOUT PRIOR PERMIT, ENTER INITIAL OPERATION DATE:
FOR THIS PROJECT, HAS A CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) DOCUMENT BEEN REQUIRED BY ANOTHER GOVERNMENTAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YES, ENTER NAME: AND SUBMIT A COPY IF APPROVED		
DO YOU CLAIM CONFIDENTIALITY OF DATA? (SEE INSTRUCTIONS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION ARE TRUE AND CORRECT		OFFICIAL TITLE OF SIGNER FACILITY ENG.	
SIGNATURE C.K. Stoddard		DATE 11/29/94	
TYPE OR PRINT NAME OF SIGNER C.K. STODDARD		TELEPHONE NUMBER 818 362-6822	
APPLICATION NUMBER 298970	TYPE C	EQUIPMENT CATEGORY NUMBER 06	ASSIGNMENT UNIT 3 ENGINEER
ENGR. 12/6/94	ENGR. 12/6/94	FEE SCHEDULE \$	CHECK OR MONEY ORDER NUMBER 083553
A R DATE INITIAL	A R DATE INITIAL	VALIDATION 12/6/94	AMOUNT 1025.00

PERMIT TO CONSTRUCT

9150 FLAIR DRIVE, EL MONTE, CALIFORNIA 91731

Legal Owner
or Operator:PACSETTER SYSTEMS, INC.
12884 BRADLEY AVENUE
SYLMAR, CALIFORNIA 91342
ATTN: STEPHEN R. WALTERS

Granted as of October 4, 1991

ID 85085

Equipment Location: 15900 VALLEY VIEW COURT, SYLMAR, CA. 91341

The equipment described below and as shown on the approved plans and specifications are subject to the special condition, or conditions listed.

Equipment Description:

AIR POLLUTION CONTROL SYSTEM CONSISTING OF:

1. CATALYTIC OXIDIZER/ABATOR, DONALDSON, 7' W. X 5' H. X 21' L., WITH A 80 KW PREHEATER, A HEAT EXCHANGER, A PREFILTER, AND FOUR DCI SURE-SORBER CATALYTIC FILTERS.
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ORIGINAL



PERMIT TO CONSTRUCT

9150 FLAIR DRIVE, EL MONTE, CALIFORNIA 91731

Application No.

247256

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Approval or denial of this application for permit to operate the above equipment will be made after an inspection to determine if the equipment has been constructed in accordance with the approved plans and specifications and if the equipment can be operated in compliance with all Rules of the South Coast Air Quality Management District.

Please notify S. K. TSAI 818/307-3564 when construction of equipment is complete.

This Permit to Construct is based on the plans, specifications, and data submitted as it pertains to the release of air contaminants and control measures or reduce air contaminants. No approval or opinion concerning safety and other factors in design, construction or operation of the equipment is expressed or implied.

This Permit to Construct shall serve as a temporary Permit to Operate provided the Executive Officer is given prior notice of such intent to operate.

This Permit to Construct will become invalid if the Permit to Operate is denied or if this application is cancelled. **THIS PERMIT TO CONSTRUCT SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE** unless an extension is granted by the Executive Officer.

Dorris M. Bailey

By

DORRIS M. BAILEY

Principal Office Assistant

DMB/eb

ORIGINAL